



Bill to:
Redwood

Invoice Date: 12/22/2023
Invoice #: 3290172
Terms: NET 30
Due Date: 01/22/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
12/21/2023		9101 Riverside Pkwy, Lithia Springs, GA, USA - 2025 W Memorial Blvd, Lakeland, FL, USA			
			1	\$1,350.00	\$1,350.00

TOTAL
\$1,350.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092



CARRIER CONTRACT & RATE CONFIRMATION

Carrier: Zigi Freight Inc. DBA Royal3 Inc
Attention: AI
MC #: 944686
Direct

BILLING DETAILS

Transflo Use Broker ID: TSGNV
Velocity:

Email: pod@redwoodlogistics.com

Carrier must submit all payment documents together at the same time including Invoice, POD, Lumper receipt (if applicable) and this signed rate confirmation by one of the above methods for payment. Invoice and rate con amounts must match or will lead to delays in payment.

Sign up for payment information and quick pay options at www.TriumphPay.com
Questions? Call (866) 912-2763

Redwood Load#3290172

Redwood Rep: Ryan Ruholl
tel. (312)698-8288 x8288
Email: ruholl@Redwoodlogistics.com
After Hours (877)874-7400 ext 9

Note: - DRIVER CONTACT REQUIRED (NAME / PHONE / TRUCK / TRAILER) - MACRO POINT / P44 IS REQUIRED FOR DURATION OF TRIP. - MACRO POINT / P44 IS REQUIRED FOR DETENTION APPROVAL * - MUST BE NOTIFIED 1 HOUR PRIOR TO GOING INTO DETENTION. - MUST BE NOTIFIED OF ANY DELAYS FOR DURATION OF TRIP. - AFTERHOURS: PHONE: 877-874-7400 EXT 9 - AFTERHOURS EMAIL: nightdispatch@redwoodlogistics.com**

This confirmation must be signed prior to pick up and must be accompanied with the load paperwork for payment.

Description	Rate	Quantity	Extended Cost
Line Haul	\$1,175.00	1.00	\$1,175.00
On Time Delivery	\$175.00	1.00	\$175.00
Balance Payable:			\$1,350.00

Truck Requirements	Truck Type: Van	Length: 53.00 Feet
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Pick #1
Facility: Medline B03
 9101 Riverside Pkwy
 Lithia Springs, GA 30122
Earliest: 12/21/2023 13:00
Latest: 12/21/2023 15:00
Medical Supplies : 9,321.00 lbs
PU: 8178597856, PU: 8178603930 **Note: DRIVER MUST CALL IN LOADED WITH BOL#!!! DETENTION WILL START AFTER THREE HOURS AT SHIPPER DRIVER MUST TURN IN POD 24-48 HOURS AFTER DELIVERY!!**

Drop #2
Facility: CROWN HEALTHCARE LAUNDRY
 2025 W. Memorial Blvd
 Suite 100
 Lakeland, FL 33815
Earliest: 12/22/2023 07:00
Latest: 12/22/2023 12:00
Medical Supplies : 9,321.00 lbs
PO: ML-HCA_INS(WFL)015665 **Note: DRIVER MUST TURN IN POD 24-48 HOURS AFTER DELIVERY!!**

Product(s): Medical Supplies	Weight: 9,321.00 lbs
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Customer Notes: DRIVER MUST CALL IN LOADED WITH 10 DIGIT BOL # (TOP LEFT), WEIGHT, PIECE COUNT, AND PICKUP NUMBERS (MIDDLE OF THE PAGE)!! DRIVER MUST SUBMIT FOR EACH DIFFERENT BOL SHIPPING TOGETHER!! DRIVER CAN SEND CLEAR PICTURES TO RWMM OF BOL'S ONCE LOADED IF THEY PREFER!! EFFECTIVE 1/28/2020, FOR ALL EQUIPMENT ON DOCK DOORS, ALL DRIVERS MUST COME INSIDE AND CONFIRM EQUIPMENT IS READY TO BE PULLED BY A MEDLINE SUPERVISOR BEFORE MOVING ANY EQUIPMENT FROM THE DOCK!!

By signing this agreement or by picking up and taking possession of the shipment the CARRIER agrees to all the terms and conditions as outlined in this rate confirmation and the transportation agreement between Transportation Solutions Group, dba Redwood Multimodal (the "BROKER") and the CARRIER (the "Agreement"). No oral agreements or conditions exist. In the event that there is a conflict between the Agreement and this rate confirmation, the Agreement shall control. Further, no charges or amendments to this rate confirmation will be binding unless BROKER approves such changes in writing prior to the CARRIER taking possession of the shipment. In accordance with 49 CFR § 392.9 and 49 CFR § 393.100 et al., the CARRIER and its drivers are solely responsible for verifying the contents, counts, conditions, loading, weight, proper weight distribution per axle, blocking, bracing, and securement of each load for transportation. CARRIER and its drivers are solely responsible for attaching a seal either provided by the shipper or by the CARRIER to each shipment and ensuring the seal is not tampered or broken during transit. Bills of Lading (BOL) must indicate the seal number and "SEAL INTACT" AT THE TIME SHIPMENT IS DELIVERED. Shipments which are pre-loaded and sealed or whereas the driver is not permitted on the dock to witness the loading or counts are required to be marked on the BOL with "SHIPPER LOAD AND COUNT" CARRIER acknowledges and agrees the CARRIER is liable for the full invoice value of the shipment or any part thereof due to loss or damage. CARRIER shall notify BROKER immediately in the event any exception is listed on the BOL, the seal is broken due to a regulatory inspection, delay in the transportation of the shipment, or there is an incident or accident during transit. FOOD GRADE NOTICE: Due to federal, state and local regulations which govern food grade commodities, if the shipment container is damaged, breached, exposed to outside elements, or the seal is broken during shipment the customer may reject the entire shipment or if CARRIER is not able to provide a downloadable temperature report indicating that required temperatures were maintained at all times during transport. If the customer denies the right of salvage or there is no right of salvage, the CARRIER will remain fully liable for loss or damage to the shipment and no salvage will be allowed. To the extent that any shipments subject to this rate confirmation or the Agreement are transported within the State of California on refrigerated equipment, CARRIER warrants that it shall only utilize equipment which is in full compliance with the California Air Resources Board (ARB) TRU ACTM in-use regulations. CARRIER shall indemnify BROKER and Shipper from any penalties, costs or any other liability, imposed on Shipper or BROKER due to CARRIER'S use of non-compliant equipment. CARRIER is an independent contractor and not an agent or employee of BROKER. CARRIER agrees to obey all federal, state and local laws and regulations. CARRIER acknowledges that BROKER does not exercise direction or control over the daily operations of the CARRIER and that the CARRIER can legally meet all the terms, conditions and times as enumerated herein. CARRIER shall indemnify BROKER for any loss, damage, injury, liability, expense, cost, including reasonable attorney fees, fines, penalties, actions and claims including, but not limited to, claims for injuries to persons, (including death), for damage to equipment, and for damage to third parties arising out of the CARRIER'S own negligence, wrongful act or omission, or failure to comply with the terms of this Agreement. Neither party shall be liable to the other for any claims, actions, or damages due to negligence or willful misconduct of the other party. CARRIER must notify BROKER within 24 hours of any accessorial charges. CARRIER must provide a written certification of detention time signed by the responsible party indicating time in and time out on the BOL. All comchecks incur a minimum of \$5.00 processing fee.

Agreed to this _____ day of _____, 2023
 By: _____ (sign)
 Name: _____ (print)

Truck#/Trailer #: _____
 Pro #: _____

Driver Name: _____
 Cell #: _____

No amendments to this rate confirmation will be binding on Transportation Solutions Group dba Redwood Multimodal unless approved in writing prior to Carrier's acceptance of the shipment.



ATTENTION MOTOR CARRIER

Methods for Submitting Paperwork

All carriers must submit an invoice, POD, lumper receipt (if applicable), and signed rate confirmation all together at the time of uploading/emailing.

Below are the methods to submit paperwork for payment:

1. **Transflo (*Preferred Method to get paid faster*)** – existing Transflo Velocity users, please use Broker ID: TSGNV
2. **Email** – send all paperwork to pod@redwoodlogistics.com
 - a. Only include one load per email
 - b. All documents must be attached: carrier invoice, signed POD, lumper receipt (if applicable) and signed rate confirmation
 - c. Documents must be PDF or TIF files
 - d. Only POD@redwoodlogistics.com can be the recipient of the email (Do NOT include other email addresses. If you include additional email addresses your documents will not be received)

If you do not submit an invoice, POD, lumper receipt (if applicable), and signed rate confirmation together all at the same time of uploading/emailing, payment will be delayed.

Methods for Payment Inquiries & Quick Pay

In order to ensure efficient payment to our carrier partners, Redwood has teamed up with **Triumph Pay**.

1. Please visit the Triumph Pay website, www.TriumphPay.com, to sign up, provide payment information, and explore Quick Pay options.
2. If you are not currently being paid via ACH, please visit www.Triumphpay.com to sign up for payments by ACH.
3. If you require support, you can reach out to Triumph Pay Carrier Success Team by calling (866)912-2763 or Info@TriumphPay.com.
4. Questions/Problems/Escalations/Rate Verifications/Payment Status Inquiries SHOULD NOT be submitted to the POD email inbox. They will not be seen or replied to as the POD email inbox is not monitored.
5. All rate verifications MUST be done through the booking carrier rep listed on this rate confirmation.
6. Questions/Escalations issues should be sent to APIquiries@redwoodlogistics.com



N° N2 EE

PALLETS

UNIFORM STRAIGHT BILL of LADING

Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request:

FROM:

SHIPPERS BOL#
1030615569

DATE
12/21/2023

COMPANY NAME
MEDLINE INDUSTRIES LP
9101 RIVERSIDE PARKWAY
B03
LITHIA SPRINGS, GA 30122

CARRIER SCAC TSGN

Seal No _____
Trailer No _____
CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	902	9,321	8178597856	ML-HCA_INS(WFL)015665	Yes
CONSIGNEE TO:	CUSTOMER NAME & ADDRESS		8178603930	ML-HCA_INS(WFL)015665	Yes
0001692219	CROWN HEALTHCARE LAUNDRY SERVICE / 2025 W MEMORIAL BLVD STE 300 SHELBY DRAPER LAKELAND, FL 33815 850-972-1180				

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Trailer#W94951 - SEAL 0701311 -

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper

☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor) _____

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was available and/or carrier has Department of Transportation emergency response guidebook or equivalent in vehicle.

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of Department of Transportation.

Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

- Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.
- Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:
 - In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
 - In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
 - Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) _____ Consignee Signature _____ Date _____ Pieces _____

Shrink Wrap Intact ☐ Yes ☐ No

Packing List Intact ☐ Yes ☐ No



WEIGHED AT: **VISTA METALS GEORGIA**

800 MARTIN LUTHER KING JR DRIVE ADAIRSVILLE, GA 30103 • (770) 773-7653

VMC Specialty Alloys LLC d/b/a Vista Metals Georgia is a licensee of Vista Metals Corp

DOCUMENTED FOR: ☐ VISTA METALS GA ☐ VISTA PROGRESSIVE METALS

WEIGHED FOR *United Scrap*

DELIVERED TO

VMG

TRUCK LICENSE NO

3182432

TRAILER LICENSE NO

4320032

DRIVER

Flavio

PO NO.

543267

CARRIER

Royal 3 inc

B/L NO.

378871/PLSL001

WEIGHED IN BY

Ricardo N

DATE

12-21-23

WEIGHED OUT BY

Flavio

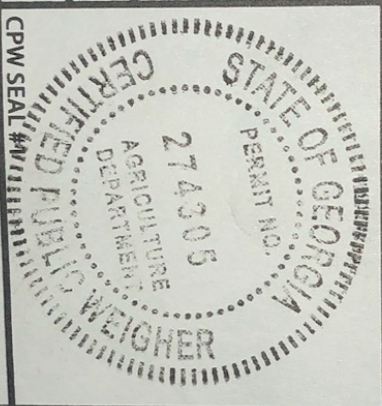
DATE

12-21-23

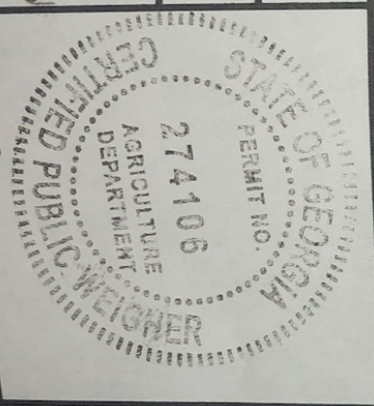
REMARKS

SUBJECT TO INSPECTION

OF06-04 REV 11/15 AND ADJUSTMENT



CPW SEAL #W11111111



CPW SEAL #2

No 59686

12/21/2023 10:35AM
ID# 2911
Inbound Weight 76240 lb

12/21/2023 11:45AM
ID# 2911
Gross ▶ 76240 lb
Tare ▶ 33320 lb
Net ▶ 42920 lb

UNITS	COMMODITY	MARK
3BX	6061 Scrap	
20x 13x1	7603 Scrap	
3BX	7675 Scrap	

18x 4Bx1 7050 Scrap

CUSTO

UNIFORM STRAIGHT BILL OF LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request;

FROM:

SHIPPER'S BOL#
1030615569

DATE
12/21/2023

COMPANY NAME
MEDLINE INDUSTRIES LP
9101 RIVERSIDE PARKWAY
B03
LITHIA SPRINGS, GA 30122

CARRIER SCAC **TSGN**

Seal No _____
Trailer No _____
CARRIER Pro No _____

The property described below is received by the carrier in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether herein contained, including the conditions on the back hereof or contained in a separate contract, the contract terms to govern, which are hereby agreed to by the shipper and accepted for himself or his assigns.

DESCRIPTION	PIECES	WEIGHT	Shipper's Reference	Consignee's PO	Packing List
Medical Supplies FAK70	902	9,321	8178597856	ML-HCA_INS(WFL)015665	Yes
CONSIGNEE TO:	CUSTOMER NAME & ADDRESS		8178603930	ML-HCA_INS(WFL)015665	Yes
0001692219	CROWN HEALTHCARE LAUNDRY SERVICE / 2025 W MEMORIAL BLVD STE 300 SHELBY DRAPER LAKELAND, FL 33815 850-972-1180				

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Trailer#W94951 - SEAL 0701311 -

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

COD Charges paid by

☐ Shipper
☐ Consignee

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was available and/or carrier has Department of Transportation emergency response guidebook or equivalent in vehicle.

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of Department of Transportation.

Shipper per _____

Date _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

1. Carrier agrees to cancel all transportation charges on shipments for which an original freight bill is not presented to Shipper within 180 days after the date of shipment. Carrier shall not submit a freight bill for additional charges claimed to be due on any shipment after 180 days from the date of the original freight bill. Any claim by shipper for overcharge on any freight bill must be sent within 180 days from the date of payment of that freight bill. No civil action for collection of undercharge or overcharge claims may be brought unless such action is instituted within 18 months after the claim accrues. Where carrier asserts a timely claim for undercharges, shipper is not to contest Carrier claim within 180 days in order to have the right to defend against a later action for recovery of such charges.

2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

- I. In the case of outbound shipments: the SCAC of the Carrier to be paid for the movement and complete and valid bill of lading number.
- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Shelby Draper

Consignee Signature Shelby Draper

Date 12/22/23 Pieces _____

Packing List Intact ☐ Yes ☐ No

Shrink Wrap Intact ☐ Yes ☐ No

SHIPPER'S BOL# 1030615569

Originally printed on 12/21/23 at 12:05PM.

Page 1 of 1

UNIFORM STRAIGHT BILL of LADING
Original - Not Negotiable

PALLETS

RECEIVED, subject to individually determined rates or contracts that have been agreed to in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request:

FROM:

SHIPPER'S BOL#
1030615569

DATE
12/21/2023

COMPANY NAME
MEDLINE INDUSTRIES LP
9101 RIVERSIDE PARKWAY
B03
LITHIA SPRINGS, GA 30122

CARRIER SCAC **TSGN**

Seal No _____
Trailer No _____
CARRIER Pro No _____

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DESCRIPTION

Medical Supplies FAK70

PIECES
902

WEIGHT
9.321

Shipper's Reference

Consignee's PO

Packing List

CONSIGNEE TO:

CUSTOMER NAME & ADDRESS

8178597856
8178603930

ML-HCA_INS(WFL)015665 Yes
ML-HCA_INS(WFL)015665 Yes

0001692219

CROWN HEALTHCARE LAUNDRY SERVICE /
2025 W MEMORIAL BLVD STE 300
SHELBY DRAPER
LAKELAND, FL 33815
850-972-1180

For all OSAD issues please send an email to carrierdisposition@medline.com

BILLABLE ACCESSORIALS

SPECIAL DELIVERY INSTRUCTIONS

Trailer#W94951 - SEAL 0701311 -

Freight is prepaid unless otherwise noted.

☐ Check Box if Collect

COD Charges paid by

☐ Shipper

☐ Consignee

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

For collect shipments: if this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
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(Signature of consignor) _____

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was available and/or carrier has Department of Transportation emergency response guidebook or equivalent in vehicle.

CARRIER'S SIGNATURE CONFIRMS RECEIPT OF PIECE COUNT

Agent per _____

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of Department of Transportation.
Shipper per _____

Mail all freight bills to: **Medline Industries, Inc. C/O Data2Logistics (MEDL01)**
PO BOX 61050
Ft Myers, FL 33906

Date _____

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2. Carrier shall bill (invoice) the shipper within 15 business days of the completion of the movement of the cargo so as to provide for the receipt by Shipper of the bill (invoice) within 15 business days of the completion of the movement of the cargo. Each carrier invoice and all documentation prepared by the Carrier evidencing shipments under this contract, shall contain the following information and/or documentation which information and documentation are conditions precedent to payment:

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- II. In the case of third party shipments: the SCAC of the Carrier to be paid for the movement and the valid ten-digit Shipper order number or work order number.
- III. Inbound shipments and collect shipments to a Shipper facility: valid ten-digit Shipper purchase order number, work order number, or returns goods authorization number and the SCAC of the carrier to be paid for the movement, and valid and complete bill of lading.

3. Pursuant to 49 U.S.C. & 14101 (b), the parties expressly waive any and all provisions of the ICC Termination Act of 1995, U.S. Code Title 49, Subtitle IV, Part B, and of the regulation thereunder, to the extent that such provisions conflict with the terms of this Contract or the parties' course of performance hereunder.

4. It is the intent of the parties unless additional carriers are specifically named herein, that shipments tendered to the Carrier will normally be handled in single line service. Handling of a shipment by Carrier and a connecting Carrier will be considered convenience interlining, and such shipments will be covered by this Contract and transported at the rates and charges in this Contract.

Freight received in good order unless otherwise noted.

Consignee (Print Name) Shelby Draper

Consignee Signature Shelby Draper

Date 12/22/23

Pieces _____

Shrink Wrap Intact

☐ Yes

☐ No

Packing List Intact

☐ Yes

☐ No

SHIPPER'S BOL#

1030615569

Originally printed on 12/21/23 at 12:05PM.

Page 1 of 1